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January 16, 2020

COP 2020 Planning Level Letter | PART 2

INFORMATION MEMO FOR CHARGE D'AFFAIRES DALE

SUBJECT: Fiscal Year (FY) 2020 PEPFAR Planned Allocation and Strategic Direction

With input from the field teams through the quarterly POARTS and from Headquarters Country Accountability and Support Teams, we have thoroughly reviewed progress of the program in your country over time and specifically the end of year results of the Country Operational Plan (COP) 2018 and current COP 2019 implementation as we plan for COP 2020. We have noted the following key successes and specific areas of concern:

Zambia's Key Successes

As articulated in Part 1 of the PLL, we are excited about your progress in finding men, finding children through index testing and scaling up PrEP.

Zambia is commended for staying on track in its pursuit of epidemic control by 2020 for 1,224,000 PLHIV in Zambia. The joint partnership of Zambia, PEPFAR, Global fund and others is on course to achieve 95-95-95 at a national level and 90-90-90 in each age-stratified gender group by geographic catchment area. We commend the Zambia team for working to respond to our prior PLL, rolling out new screening tools and initiating more clients on ART. We commend their efforts at increasing positivity rates and initiating more people to meet their deficit from COP 2018. However, TX current grew by only 84,329 people despite our financial and human resource investment over the COP 2018 implementation year. We cannot wait until COP 2020 to focus on retaining clients that were initiated on the same day, nor with providing them a supportive environment to remain in care, including good medication. Viral load suppression rates for the OU is at 90 percent, though breakdown by agency shows some failures at the individual IM level. We have improved our linkage significantly over the past few COP cycles and the team must retain this at all sites. We note that as is the case for our global program, since COP 2018 Q1, PEPFAR/Zambia has made strides in its "back to care" efforts since Q1. Regrettably TLD transition has stalled since MOH ordered the TLE stocks used in July 2019. The impact of that action on retention of patients on treatment, especially among those newly initiating ART, cannot be understated.

We are pleased with Zambia's efforts in finding men, reaching 33,250 of them with care and treatment services, at the end of COP 18. Between FY18Q4 and FY19Q4, the percentage of

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males 15+ years on treatment in the program increased by 13%. However, in FY19 most of this percentage increase was through PITC and VCT, in the 40-44-year-old age band with the smallest percentage increase (3%) of males on treatment in the 25-29 year age band. In addition, in the first three quarters of FY19, Zambia put 29% fewer males than females 15+ years on treatment. UNAIDS 2019 data shows significant gaps in the 2nd 90 (69%) and 3rd 90 (52%) among males 15+ years in Zambia. Therefore, in COP 2019, Zambia should continue focusing on adding men to treatment, specifically within the 25-34-year age band, and attaining viral suppression among this group so men have better outcomes and our prevention efforts for AGYW in COP 2020 have a better chance of impact. We want to emphasize again here the work done by introducing the circle of hope community posts in marketplaces across Lusaka, a Faith and Community Initiative (FCI) model approach that should be taken to scale in all provinces.

MenStar represents an opportunity for a coordinated effort to clearly understand obstacles to testing and treatment and offering differentiated service delivery for men. Leveraging the insights garnered through MenStar, as a priority MenStar country, Zambia should implement a core package of services that meet men where they are with what they need. Please see the newly released MenStar Guidance Document and Compendium for recommended strategies, interventions, and examples.

We are encouraged by the evidence-based DREAMS program Zambia has executed thus far and have made available \$30,000,000 for expansion in COP 2020. This year we expect growth in this important intervention for adolescent girls and young women. However, challenges in completing the package of services required for impact in 20 – 24 year olds threatens the prevention arm of epidemic control. In COP 2020, Zambia should prioritize districts that are classified by UNAIDS as having extremely high or very high incidence among AGYW, but have no DREAMS or GF AGYW programming, for expansion. The geographic expansion mentioned here is specific to the “new” DREAMS funds for which additional guidance is provided under the DREAMS section of the technical priorities. Any expansion within the existing DREAMS envelope is subject to the criteria laid out in COP 2020 guidance (i.e., must have reached saturation, must have shown progress via WAD modeling data, or other data).

The KP cascade improved throughout COP 2018, achieving yields through index testing close to 28 percent and linkage rates above 80 percent. For the prison population served, linkage was 95 percent.

Zambia was a star in scaling up PrEP in COP 2018, reaching over 200 percent of the goal set. We commend the strong support of the Ministry of Health through policy and execution of a national PrEP campaign, particularly for AGYW. Uptake was high for FSW and we are pleased that the team continues to refine the program as they learn. Additional COP 2020 funding will be made available to scale up PrEP depending on country submitted targets.

We are pleased that Zambia, through USAID, increased the number of sites supported in COP 2018 from 4 to 107 with equipment, commodities and training for cervical cancer, allowing regions of the country that had not previously benefited from cervical cancer services for HIV clients, to benefit from PEPFAR support. Zambia has been allocated funds in COP 2020 to provide client services in ANC settings.

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Zambia Key Challenges

As stated in Part 1 of the PLL, PEPFAR Zambia continues to face challenges in retention on treatment especially among patients newly initiating ART who are asymptomatic and young. For pediatric case finding, retention and viral load suppression failed to retain our youngest clients and keep them virally suppressed, despite promising case finding results.

Team Zambia will receive a reduction in its testing budget for COP 2020 because the team over-tested by almost 2.5 million tests, as evident from low HTS_TST_POS results. This is captured in the care and treatment budget breakdown provided in Part 1 of the PLL. We do note however, that after the COP 19 Johannesburg meeting, Zambia did roll out new screening tools and saw gains in more specific and targeted testing as a result.

Pediatric case finding, retention and viral load suppression remain challenges that must be overcome with a new level of ambition and focused “task “ approach. Zambia must identify a group who, armed with an implementable plan, builds off the small successes to diagnose over 14,000 children that was achieved, of which over 5400 clients came from index testing, and merge its OVC ambition with pediatric ambition to close this crucial barrier to controlling the epidemic, and proving a better life span for the children impacted.

Zambia has stalled in speedily expediting an operational EMRS system. A review of the health information systems supported by national data warehouse procedures and G2G policy frameworks including SmartCare, eLabs, DISA, eLIMS, DHIS 2.0 lacks the level of coherence expected after many years of investment. Unique identifiers to improve authentication of linkage and retention records are still not within reach. According to agency assessments, in COP 2018, 201,181 clients were not yet captured in SmartCare. Along this trajectory is a slow adoption of recency testing. Widespread implementation of recency testing has not begun, and the team must provide tangible updates with data in Johannesburg that show scale-up is indeed occurring.

TB treatment was lower than our expected 85% or greater, based on results. The data capture through SmartCare must be rectified moving forward as SmartCare revisions allow for recording of “ever had TPT in the last three years”, at the individual patient level.

New opportunities

We have provided funding for year 2 to PEPFAR Zambia for the HBCU expansion activities in the 2020 COP. This integration will ensure greater synergy between HBCU activities and other country COP activities. Funding will continue to support the impactful scale of activities to address social determinants and health inequalities found within the Zambian healthcare system to improve the delivery of quality HIV/AIDS services. Continuing from previous years’ planning, these program quality improvements should be transferred to local Zambian institutions that will scale up these efforts nationwide in high burden areas impacted by HIV. The HBCU consortium through HHS/HRSA is expected to serve as a technical assistance partner to support quality services through its DSD-plus program and CQI, as part of COP 2020. The best practices arising from the partnership at Matero and Chawama hospital should be scaled up

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by Zambia IP's in other geographic locations.

Subject to COP Development and Approval

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SECTION 1: COP/ROP 2020 PLANNING LEVEL

Based upon current analysis of spend levels, information submitted for the End-of-Fiscal Year 2019 (EOFY) tool, and performance data, the total COP/ROP 2020 planning level is comprised as follows: Note – all pipeline numbers were provided and confirmed by your agency.

Table 1. ZAMBIA 2020 Total Budget including Applied Pipeline

OU Total	Bilateral				Central	TOTAL
	FY20	FY19	FY17	Unspecified	Unspecified	TOTAL
Total New Funding	\$ 352,596,132	\$ -	\$ 40,000,000			\$ 392,596,132
GHP- State	\$ 325,183,601	\$ -	\$ 40,000,000			\$ 365,183,601
GHP- USAID	\$ 25,000,000	\$ -	\$ -			\$ 25,000,000
GAP	\$ 2,412,531	\$ -	\$ -			\$ 2,412,531
Total Applied Pipeline				\$ 23,803,868	\$ -	\$ 23,803,868
DOD				\$ 2,438,428	\$ -	\$ 2,438,428
HHS/CDC				\$ 2,638,916	\$ -	\$ 2,638,916
HHS/HRSA				\$ 413,047	\$ -	\$ 413,047
PC				\$ 909,839	\$ -	\$ 909,839
State				\$ -	\$ -	\$ -
USAID				\$ 17,403,638	\$ -	\$ 17,403,638
TOTAL FUNDING	\$ 352,596,132	\$ -	\$ 40,000,000	\$ 23,803,868	\$ -	\$ 416,400,000

SECTION 2: COP/ROP 2020 BUDGETARY REQUIREMENTS AND OTHER CONSIDERATIONS**

Countries should plan for the full Care and Treatment (C&T) level of **\$313,450,000** and the full Orphans and Vulnerable Children (OVC) level of **\$48,790,000** from Part 1 of the PLL across all funding sources. These earmark levels on new funding are subsets of those amounts that must be programmed with specific types of funding due to Congressional requirements. The full amount programmed across all sources will be visible in the FAST.

Table 2. ZAMBIA 2020 Earmarks by Fiscal Year

Earmarks	COP 2020 Planning Level			
	FY20	FY19	FY17	Total
C&T	\$ 200,000,000	\$ -	\$ 40,000,000	\$ 240,000,000
OVC	\$ 35,000,000	\$ -	\$ -	\$ 35,000,000
GBV	\$ 3,110,000	\$ -	\$ -	\$ 3,110,000
Water	\$ 614,000	\$ -	\$ -	\$ 614,000

* Countries should be programming to levels outlined in Part 1 of the COP 2020 Planning Level Letter. These earmark controls above represent the minimum amounts that must be programmed in the given appropriation year. For countries with GHP-State and GHP-USAID funds the C&T and OVC earmark requirements can be met with FY20 funding from any combination of the two accounts. The FY17 C&T Earmark requirement must be met with GHP-State as no FY17 funds are provided in GHP-USAID.

Table 3. ZAMBIA 2020 Initiative Controls (Acceleration 20 Applied Pipeline N/A)

	COP 20 Total
Total Funding	\$ 100,500,000
VMMC	\$ 9,500,000
Cervical Cancer	\$ 5,000,000
DREAMS	\$ 30,000,000
HBCU Tx	\$ 9,000,000
COP 19 Performance	\$ 27,000,000
HKID Requirement	\$ 20,000,000

****See Appendix 1 for detailed budgetary requirements and other budgetary considerations.**

Table 4. – Acceleration 20 Applied Pipeline is not applicable to Zambia

SECTION 3: PAST PERFORMANCE – COP/ROP 2018 Review**Table 5. ZAMBIA FY19 Program Results (COP18) and FY20 Targets (COP19)***

Indicator	FY19 result (COP18)	FY20 target (COP19)*
TX Current Adults	931,793	1,052,658
TX Current Pediatrics	44,894	62,119
VMMC among males 15 years or older	353,294	391,611
PrEP (NEW/CURR)	23,352/25,294	20,329/18,668
DREAMS (AGYW_PREV_N)	4,459 (83.6% of total AGYW reached)	N/A
Cervical Cancer Screening	109,722	205,756
TB Preventive Therapy	64,076	315,133

**All targets are sourced from the Zambia COP 19 Approval Memo*

Table 6. COP 2018 | FY 2019 Agency-level Outlays versus Approved Budget*

OU/Agency	Sum of Approved COP/ROP 2018 Planning Level	Total FY 2019 Outlays	Sum of Over/Under Outlays
Zambia	\$ 390,158,417	\$ 363,047,967	\$ 27,452,033
DOD	\$ 12,726,784	\$ 9,783,317	\$ 2,943,467
HHS/CDC	\$ 124,624,137	\$ 115,047,064	\$ 9,577,073
HHS/HRSA	\$ 3,253,676	\$ 4,310,125	\$ (1,056,449)
PC	\$ 5,070,621	\$ 3,969,546	\$ 1,101,075
State	\$ 1,912,892	\$ 1,286,391	\$ 626,501
State/SGAC	\$ -	\$ 300,000	\$ 191,583
USAID	\$ 236,920,307	\$ 226,601,524	\$ 10,318,783
HHS/CDC (Central)	\$ 3,900,000	-	\$ 3,750,000
USAID (Central)	\$ 1,750,000	1,750,000	-
Grand Total	\$ 390,158,417	\$ 363,047,967	\$ 27,452,033

**All figures are sourced from the Zambia EOFY Tool.*

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Zambia's total FY 2019 outlay level of \$363,047,967 is under your approved spend level of \$390,158,417 (COP 2018 Approved Planning Level). Within this total, all PEPFAR Zambia agencies spent below their approved level, except for HRSA

Agencies outlaid to the following Implementing Mechanisms, 125% or more in excess of their COP2018 approved planning level.

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Table 7. COP 2018 | FY 2019 Implementing Partner-level Outlays versus Approved Budget*

Tech ID	Prime Partner	Funding Agency	COP/ROP18/FY19 Budget (New funding + Pipeline + Central)	Actual FY19 Outlays (\$)	Over/Under FY19 Outlays (Actual \$ - Total COP/ROP18 Budget \$)
11627	U.S. Department of Defense	DOD	\$1,328,201.00	\$ 2,394,414.00	\$ (1,066,213.00)
10984	Project Concern International	DOD	\$1,266,285.00	\$ 2,612,816.00	\$ (1,346,531.00)
11694	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention (HHS/CDC)	HHS/CDC	\$ -	\$ 71,653.74	\$ (71,653.74)
18345	University of California at San Francisco	HHS/CDC	\$ -	\$ 12,720.79	\$ (12,720.79)
17500	University of Zambia	HHS/CDC	\$ -	\$ 33,523.88	\$ (33,523.88)
17477	American Society for Microbiology	HHS/CDC	\$ -	\$ 423,824.27	\$ (423,824.27)
18530	JHPIEGO CORPORATION	HHS/HRSA	\$ 1,200,000.00	\$ 2,250,723.00	\$ (1,050,723.00)
18160	JSI Research And Training Institute, INC.	USAID	\$ 4,229,337.00	\$ 6,586,697.00	\$ (2,357,360.00)
17449	Counterpart International	USAID	\$ 43,081.00	\$ 84,790.00	\$ (41,709.00)
17356	FHI 360	USAID	\$ -	\$ 3,120.00	\$ (3,120.00)
17833	Population Council	USAID	\$ -	\$ 202,424.00	\$ (202,424.00)
17354	FHI 360	USAID	\$ -	\$ 36,055.00	\$ (36,055.00)

**This table was based off the FY19 EOFY submissions. Agencies outlaid to the following Implementing Mechanisms 125% or more in excess of their COP18 approved planning level.*

**Outlays reported in this letter represent a snapshot in time. With respect to outlays reported as "central" (if/applicable), note those numbers are being included in this format for the first time this year and any reported under/over-outlays may be subject to further adjustments as the process for such funds is refined.*

Table 8. COP/ROP 2018 | FY 2019 Results & Expenditures*

Agency	Indicator	FY19 Target	FY19 Result	% Achievement	Program Classification	FY19 Expenditure	% Service Delivery
HHS/ CDC	HTS_TST	1,442,310	3,088,670	214.1%	HTS Program Area	\$5,481,138	100%
	HTS_TST_POS	104,541	145,036	138.7%			
	TX_NEW	91,663	125,284	136.7%	C&T Program Area	\$55,057,741	86.8%
	TX_NET_NEW	61,483	32,954	54%			
	TX_CURR	581,809	530,046	91.1%	VMMC Subprogram of PREV	\$7,909,746	79.8%
	VMMC_CIRC	161,704	271,099	167.7%			

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	OVC_SERV	2,806	2,181	77.7%	OVC Major Beneficiary	\$347,797	100%
DOD	HTS_TST	59,993	138,614	231.1%	HTS Program Area	\$997,281	34.3%
	HTS_TST_POS	1,736	8,543	492.1%			
	TX_NEW	5,000	6,041	120.8%	C & T Program Area	\$5,608,117	22.3%
	TX_NET_NEW	15,675	6,608	42%			
	TX_CURR	45,968	36,901	80.3%	VMMC Subprogram of PREV	\$1,126,439	73.9%
	VMMC_CIRC	29,961	40,875	136.4%	OVC Major Beneficiary	\$432,154	1.56%
	OVC_SERV	10,800	13,079	121.1%			
USAID	HTS_TST	1,546,670	2,377,802	153.7%	HTS Program Area	\$19,154,622	84%
	HTS_TST_POS	113,347	140,422	123.9%			
	TX_NEW	96,271	116,817	121.3%	C & T Program Area	\$142,504,570	86%
	TX_NET_NEW	126,823	51,222	40%			
	TX_CURR	476,093	420,122	88.2%	VMMC Subprogram of PREV	\$3,750,665	77%
	VMMC_CIRC	147,209	1,431	123.2%	OVC Major Beneficiary	\$10,615,581	84%
	OVC_SERV	361,251	526,872	145.8%			
Above Site Programs \$21,881,358 Program Management						\$51,346,075	

**Financial and target performance data are not a one-to-one correlation as program classification and expenditures encompass more than the indicator/target presented.*

COP 2018 | FY 2019 Analysis of Performance

Performance in Care and Treatment, Case Finding, OVC, DREAMS, VMMC, and Above-Site from COP 2018 were prioritized. We reviewed the key analysis from the agency self-assessments, and S/GACs assessments reviewing trends, achievement of OU set targets and % budget expended, and key findings are highlighted below.

OU/PSNU Level - Analysis

Case Finding

Overall, the Zambia program demonstrated fair achievement on case finding, with progress of targets at 132%. However, all partners are over-testing, and at an OU level, over-tested by 2.5 million tests. Performance on finding men has improved significantly, in particular through

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approaches such as those demonstrated by Circle of HOPE, using unbranded community posts in markets and engaging local faith leaders from congregations. This type of approach should be contextualized, expanded, and modeled in other areas with high migration and lower ART coverage. There has also been strong performance on self-testing, with Zambia reaching 93% of its goals. Index testing has been scaled up, as was appropriate for the implementation period. Over 30,000 positive clients were found, contributing to 20% of positives from contacts, but elicitation of female index clients continue to be lower when compared to men, though improving.

Care and Treatment

Zambia has grown the number of clients on treatment by 82,601 in 12 months but fell short by 127,179 to meet its required goal for epidemic control by 2020. Early loss to follow up among children, men and pregnant women remain the largest challenges to Zambia's HIV treatment program, in particular with a failure to retain 242,248 clients. In COP 2018, all partners fell short on TX_CURR and TX_NET_NEW goals, with achievement of targets below 90%. TLD transition has also stalled since July due to an MOH ordered use of the TLE stock in hand and its impact on retention of newly initiated worrisome.

DOD

DOD needs to find and retain 9,067 clients in addition to their COP 2020 targets DOD, we expect will show improved performance in FY2020Q1.

CDC

CDC needs to find and retain 28,529 clients in addition to their COP 2020 targets Overall, all CDC partners who over-expended (EPHO, JHPIEGO, LPHO and SPHO) did not underperform against HTS_TST_POS, TX_NEW, TX_CURR or VMMC.

USAID

USAID needs to find and retain 75,601 clients in addition to their COP 20 targets

HRSA

HRSA will transition the HBCU partnership from a HOP activity in FY 2020 to a COP activity in FY 2021. Year 2 is included in the COP 2020 budget and joint planning with the country team is required.

Partner Performance

In COP 18, the following partners performed well which was reflected through the growth of their TX_CURR client population. These partners should be utilized for care and treatment surge efforts for achievements made in TX_NET_NEW

- CRS (FBO Follow-on 2), University Teaching Hospital, DISCOVER-H and WHPO

The following partners underperformed in TX_CURR and must catch up in COP 2019. The TX_NET_NEW results are concerning and must be addressed in COP 2019.

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- SAFE, CIDRZ Achieve, EPHO Follow-On, EQUIP, FHI, and University of Maryland SMACHT

Viral Load

A gap in viral load testing of 217,907 clients in the 15+ cohort for COP18 Q4 was noted. However, at the conclusion of COP 2018, IPs began to find their rhythm in supporting clients to be virally suppressed. For those <15 there is a testing gap of 10,990. A total of 64,241 of PLHIV living with non-suppressed viral load are on treatment but not suppressed. Agencies should utilize the implementing partners who have hit their stride for site support expansion in this area and ensure site-level funding for viral load testing occurs.

Prevention

Zambia showed outstanding performance on OVC and VMMC, achieving 144% and 142% of these respective targets. For PrEP, Zambia has achieved 135% of its target with 25,294 clients currently on PrEP.

Peace Corps

Peace Corps opportunity to be an incubator for the larger partners is high.

Above Site

The team made progress in the deployment of SmartCare to 195 sites. 1,031 sites are targeted to have SmartCare by the end of COP19, adding 176 more sites helping to close the gap of 201,181 clients not yet captured in it. The team continues to maintain a strong relationship with the Government of Zambia that has allowed for the institution of key policy changes that will be critical to the achievement of epidemic control. However, it will be important to ensure that these policies are implemented and scaled rapidly.

Overall Comments

PEPFAR/Zambia was provided funding to help Zambia achieve epidemic control in a phased manner. The team entered COP 2018 with a deficit from COP 2017. We provided resources to partners and to the government, but many clients were never served as expected. As the team seeks to complete COP 2019 successfully, it must work with the partners and institutions who express a level of ambition to offer services to people with unsuppressed viral load.

The OU newly diagnosed 290,066 and newly enrolled 242,248 people in COP 18. We applaud that effort. Yet for every step forward, we took steps backward and failed to grow our TX-CURR as expected. Overall, Zambia failed to retain 242,248 clients in our care thus creating an additional 127,179 that we must return to care. We know this is PEPFAR Zambia's goal.

SECTION 4: COP/ROP 2020 DIRECTIVES

The following section has specific directives for COP 2020 based on program performance noted above. Please review each section carefully including the minimum program requirements and specific country directives. The COP 2020 directives include goals for Treatment Current and TB Preventive Therapy. Targets for VMMC, DREAMS, cervical cancer and PrEP should be set by the country team based on FY 2019 performance. Funds for these programs have been allocated based on FY 2019 performance (see Table 3).

All PEPFAR programs – bilateral, regional, and country pairs – are expected to have the following minimum program requirements in place no later than the beginning of COP/ROP 2019 implementation (FY 2020). Adherence to these policies and practices are essential to the success of all PEPFAR programs at the national, subnational, community, and service delivery levels. Evidence demonstrates that lack of any one of these policies/practices significantly undermines progress to reaching epidemic control and results in inefficient and ineffective programs.

For COP/ROP 2020, the failure to meet any of these requirements will result in reductions to the Zambia budget. (See Section 2.2. of COP Guidance).

Table 9. COP/ROP 2020 (FY 2021) Minimum Program Requirements

	Minimum Program Requirement	Team Reported Status	Outstanding Issues Hindering Implementation
Care and Treatment	Adoption and implementation of Test and Start with demonstrable access across all age, sex, and risk groups, with direct and immediate (>95%) linkage of clients from testing to treatment across age, sex, and risk groups. ¹	Test and Start was introduced in 2016. This is now standard practice, no requirement for CD4 count before initiation on treatment and most patients are initiated on the same day of diagnosis. In FY 2019 PEPFAR supported partners tested 5,529,099 individuals achieving 181% of the target and a yield of 7.2% with a linkage rate of 84%. PEPFAR working with the Ministry of Health rolled out the HIV testing screening tool to improve testing efficiency and increasing yield. Linkage rate continues to improve across sex and age. In FY19, the linkage rate improved to 84% up from 79% in FY18.	None. However, team must incorporate COP 2020 guidance in this area.
	Rapid optimization of ART by offering TLD to all PLHIV weighing >30 kg (including adolescents and women of childbearing potential), transition to other DTG-based regimens for children weighing ≥20kg, and removal of all	Zambia adjusted the target for patients to be transitioned and/or initiated on TLD from 631,625 to 533,000 by the end of 2019. This target was adjusted due to the influx of TLE in the country and to avoid wastage. As of October 30, 2019, 336,000 patients were on TLD, 63% achievement against the target of 533,000 (and 36% of 931,797 adults on HIV treatment). The OU target is 70% of all adults on HIV treatment to be on DTG-based	TLD transition stalled since July when MOH ordered the TLE stocks used and its impact on retention on treatment especially among patients newly initiating ART cannot be understated. The MOH also chose to initiate 15,000 clients on TAF/TLD and it remains

¹ Guidelines on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization, September 2015

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	nevirapine-based regimens. ²	regimens by the end 2020 and 80% by the end of 2021. The recently launched Zambia ART consolidated guidelines eliminated NVP based HIV treatment regimens for pediatrics.	unclear to us what the national plan moving forward will be. However, team must incorporate COP 2020 guidance in this area.
	Adoption and implementation of differentiated service delivery models, including six-month multi-month dispensing (MMD) and delivery models to improve identification and ARV coverage of men and adolescents. ³	6-months MMD became National policy in April 2019. PEPFAR currently has 185,388 on 6MMD with this number expected to reach over 600,000 by FY20 Q3.	Team is required to update HQ as an OU on the IM by IM progress on 6M-MMD and TLD transition.
	All eligible PLHIV, including children, should have been offered TB preventive treatment (TPT) by the end of COP 2020; cotrimoxazole, where indicated, must be fully integrated into the HIV clinical care package at no cost to the patient. ^[4]	PEPFAR Zambia achieved the highest number of TPT completion rates in COP 19 (64,076 patients). The OU will implement a nationwide TPT Surge starting January 2020 to ensure the achievement of the 315,133 target for COP19. PSM has procured INH and B6 and consignments have already started arriving, assuring adequate supply for the surge. Staff training and mentorship on site continues. Community based organization training will begin in the next quarter.	Minimum Target set by the iSME's is 315,133. Team must incorporate COP 2020 guidance in this area.
	Completion of Diagnostic Network Optimization activities for VL/EID, TB, and other coinfections, and ongoing monitoring to ensure reductions in morbidity and mortality across age, sex, and risk groups, including 100% access to EID and annual viral load testing and results delivered to caregiver within 4 weeks.	EID testing coverage has improved to 82% at FYQ4 from 54% at FY19Q1. VL Suppression is at 90% in adults and 75% in children. EID at 2 months is at 82%. The use of POC EID and VL for PBFW will launch in 18 districts with low coverage and poor access in January 2020.	Team must incorporate COP 2020 guidance in this area.
Case Finding	Scale up of index testing and self-testing, ensuring consent procedures and confidentiality are protected and assessment of intimate partner violence (IPV) is established. All children under age 19 with an HIV	PEPFAR has continued to refine targeted testing and introduced the HIV screening tool. The index testing yield has improved from 16% in FY19Q1 to 24.4% in FY19Q4 and it accounted for 33% of HTS_POS. Testing has also reduced by 43% from FY19Q1 (1,696,530) to in FY19Q4 (971,356) with overall yield going up from 4 to 7%.	Contract tracing will be the goal when Zambia is at "maintenance. RTK commodities as described for key populations, clients in ANC setting, clients on PrEP is articulated in the COP 2020 guidance and must be followed.

² Update of recommendations on first- and second-line antiretroviral regimens. Geneva: World Health Organization, July 2019 ³ Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. Geneva: World Health Organization, 2016

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	positive biological parent must be tested for HIV. ⁴		
Prevention and OVC	Direct and immediate assessment for and offer of prevention services, including pre-exposure prophylaxis (PrEP), to HIV-negative clients found through testing in populations at elevated risk of HIV acquisition (PBFW and AGYW in high HIV- burden areas, high-risk HIV-negative partners of index cases, key populations and adult men engaged in high-risk sex practices) ⁵	Zambia launched the National PrEP Framework in 2018. Framework emphasizes PrEP for populations at substantial risk of HIV infection, including pregnant and breastfeeding women, AGYW, sero-discordant couples. At FY19 APR, Zambia had a total of 24,397 of clients newly initiated on PrEP This is an increase from 6,967 at SAPR. The APR achievement 311% against the FY19 target of 8,468. At SAPR in FY 19, a total of 340 sites in Zambia were providing PrEP At APR, this has almost doubled to 614 sites across the country. At APR FY 19, PEPFAR Zambia had a total of 26,344 clients that were current on PrEP.	The team needs to continue the momentum of PrEP scale-up. This includes capacity building for healthcare workers and increasing access to PrEP for Key Populations. Continued expansion of Key populations prevention and expansion of PrEP provided for but is dependent on country submitted targets. Team must incorporate COP 2020 guidance in this area.
	Alignment of OVC packages of services and enrollment to provide comprehensive prevention and Alignment of OVC packages of services and enrollment to provide comprehensive prevention and treatment services to OVC ages 0-17, with particular focus on 1) actively facilitating testing for all children at risk of HIV infection, 2) providing support and case management for vulnerable children and adolescents living with HIV 3) reducing risk for adolescent girls in high HIV-burden areas and for 9-14 year-old girls and boys in regard to primary prevention of sexual violence and HIV.	DQAs were conducted for both ZAMFAM partners that assessed data and case management. Remediation plans were developed that include revised graduation and HIV assessment tools. In order to support the treatment gap in Copperbelt and Lusaka, the IP (ZAMFAM 1), underwent a modification in Q1 that re-focused their program on accelerating and sustaining epidemic control through: HIV case finding, family-centered HIV status disclosure, linkage to treatment and PrEP, adherence support, and treatment literacy. Dedicated ART counselors are placed at facilities 5 days a week to assist with facility navigation, tracing LTFU, and providing additional adherence support to C/ALHIV and their families. APR19 results demonstrate that the partners have pivoted to focus on the 10-17 age group. (Results show that 78% of child beneficiaries were aged 10-17). In COP19, the IPs continue to target this population with evidence-informed services, including primary prevention of sexual violence	Team must incorporate COP 2020 guidance in this area.
Policy & Public	Elimination of all formal and informal user fees in the public sector for access to all direct HIV services	All services, including HIV are essentially free. However, at some health facilities patients are asked to pay for certain services including X-rays.	Team must incorporate COP 2020 guidance in this area.

⁴ Guidelines on HIV self-testing and partner notification. Supplement to consolidated guidelines on HIV testing services. Geneva: World Health Organization, 2016 <https://www.who.int/hiv/pub/self-testing/hiv-self-testing-guidelines/en/>

⁵ Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva: World Health Organization; 2015 (<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en>).

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	and medications, and related services, such as ANC, TB, cervical cancer, PrEP and routine clinical services, affecting access to HIV testing and treatment and prevention. ⁶		
	DOUs assure program and site standards are met by integrating effective quality assurance and Continuous Quality Improvement (CQI) practices into site and program management. CQI is supported by IP work plans, Agency agreements, and national policy. ⁷	Best practices including 1) Monthly Granular Site Management (GSM) visits; Weekly province led situation room calls through zoom; Monthly Performance Review Partner meetings; and Quarterly Partner Performance Review meetings to share best practices.	Team must incorporate COP 2020 guidance in this area.
	Evidence of treatment and viral load literacy activities supported by Ministries of Health, National AIDS Councils and other host country leadership offices with the general population and health care providers regarding U = U and other updated HIV messaging to reduce stigma and encourage HIV treatment and prevention.	The U=U campaign was officially launched in 2019, and activities in support of treatment and viral load literacy have been designed and are being implemented. Translation of materials into 7 Zambian languages has occurred. Further updates include - Mentorship to sub-District levels; Radio programs in Eastern and Southern provinces; NAC is training CSO's and Health workers to create demand for Viral Load testing in 4 provinces.	Team must incorporate COP 2020 guidance in this area.
	Clear evidence of agency progress toward local, indigenous partner prime funding.	Projected OU target of >70% COP19: CDC 89%; USAID 22%; DOD 10%	Team must incorporate COP 2020 guidance in this area.
	Evidence of host government assuming greater responsibility of the HIV response including demonstrable evidence of year after year increased resources expended.	Based on the draft GRZ budget for 2020, total budget for MOH is up 2% from 2019. The draft budget for commodities in 2020 is about 1% less than 2019. However, the YTD budget execution rate for 2019 was reported as 16% through Q3 (non-salary), so the budget isn't credible. Faced with severe liquidity challenges in 2019, the government has not increased the actual resource funding envelope released for health. Fiscal constraints are expected to continue into 2020 and beyond, increasing the risk of government's ability to meet financial commitments.	Team will be guided by the Department in this area.

⁶ The practice of charging user fees at the point of service delivery for HIV/AIDS treatment and care. Geneva: World Health Organization, December 2005

⁷ Technical Brief: Maintaining and improving Quality of Care within HIV Clinical Services. Geneva: WHO, July 2019

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	Monitoring and reporting of morbidity and mortality outcomes including infectious and non-infectious morbidity.	A mortality surveillance protocol has been developed and is under review by CDC SIB. The surveillance work will build off of the work already implemented and supported by CDC National Center for Health Statistics (NCHS) and MOH	Team must incorporate COP 2020 guidance in this area.
	Scale-up of case-based surveillance and unique identifiers for patients across all sites.	In the planning phase of introducing biometrics. Target is to have 100 high volume sites by 2020. Ongoing work with Smart Zambia institute to piggyback on work being done by Ministry of Home Affairs around unique ID	Team must incorporate COP 2020 guidance in this area.

In addition to meeting the minimum requirements outlined above, it is expected that Zambia will:

Table 10. COP/ROP 2020 (FY 2021) Technical Directives for PEPFAR Zambia

<u>Zambia Specific Directives for COP 2020</u>
Prevention of New Infections in AGYW
PEPFAR Zambia must continue to invest in and expand evidence-based prevention interventions including DREAMS. For 9 to 14-year olds, implementation must focus on evidence-based primary prevention of HIV and sexual violence. These interventions must be integrated into OVC programs and seek to prevent coerced sex and early sexual debut, while increasing HIV prevention knowledge and improved sexual activity decision making.
Support for KPs with prevention and treatment
PEPFAR Zambia must continue to invest in and expand evidence-based prevention interventions including PrEP. KP programming must be expanded geographically while ensuring that in targeted areas, the KP demographic must achieve 95/95/95 in addition to increasing KP access to PrEP. Additionally, PEPFAR Zambia must continue to advocate for a conducive KP policy environment through a public health approach, justice for children, as well as, lowering the age of consent for HIV testing to increase adolescent diagnoses. Improve service delivery for KPs, delivering services in a way that serves KPs well.
Diagnose and Treat Men
In COP 2020, Zambia should continue focusing on adding men to the treatment cohort specifically within the 25-34-year age band and attaining viral suppression among this group. Meeting clients where they are with what they need at each stage of the treatment cascade is critical to advancing life-long continuity of ART. This requires a better understanding of client needs in order to remove barriers to treatment. MenStar is a coordinated effort to clearly understand obstacles to testing and treatment and differentiate service delivery for men. Leveraging the insights garnered through MenStar, and as a priority MenStar country, your program should implement a core package of services that meet men where they are with what they need. Please see the newly released MenStar Guidance Document and Compendium for recommended strategies, interventions, and examples.
Maintain 15-35 yo asymptomatic clients on treatment and virally suppressed
Perhaps our most significant challenge is in ensuring 15-35 year old asymptomatic clients are maintained on treatment and virally suppressed (TX_NET_NEW and TX-CURR growth, and retention surrogates). We need to address this. We need solutions.
Children on the best regimen and virally suppressed

In COP 2020, OVC and clinical implementing partners in Zambia must work together to ensure that 90% or more of children and adolescents on ART with PEPFAR support in OVC SNUs are offered the opportunity to enroll in the comprehensive OVC program.

The OVC_HIVSTAT known status proxy for FY19 in Zambia was 70%. In COP20, all OVC implementing partners and agencies must ensure that 90% or more of OVC beneficiaries under age 18 have a known HIV status or are deemed not to need a test based on a standard HIV risk assessment.

Team must focus on pregnant and breastfeeding mothers (especially those who are LTFU) - ensuring there is MMD and that their children are also getting tested.

PEPFAR Zambia must identify HIV-exposed infants, ensuring greater than 80% EID coverage, starting at 6-8 weeks of life through cessation of breastfeeding. PEPFAR Zambia must have a

“Pediatric Surge” by packaging innovative practices currently employed in COP19, including improved tracking of mother-infant pairs throughout the EID cascade.

Case Finding

To prevent resurgence of HIV, HIV testing must target the approximately 5% of the population that do not yet know their HIV status through hotspot mapping and recency testing, which must guide targeted testing as entry points into both index and social network testing for all populations, but in particular for KPs, men, and AGYW networks. To further gain efficiencies in testing, the HIV risk screening tools must continue to be utilized in all entry points. While Provider initiated testing and counseling coverage remains an important strategy for identifying those who present to high-yield entry points, such as inpatient units, TB, STI, and malnutrition clinics, Zambia must abide by the COP 2020 guidance. The screening tool must be used in these settings to ensure efficiency and targeted testing is achieved.

Care and Treatment

Failure to bring all those who were lost from ART between FY18Q4 and FY19Q1 must be fixed and clients must be found.

Lack of achievement of treatment current in FY18 due to under performance of treatment new by some IMs must be fixed; PEPFAR Zambia must pivot to meet their shortfall of clients on ART for COP 2020 approval to assure epidemic control in 2020.

Anticipating that 90% of PLHIV on ART will be stable, resulting in infrequent interactions with the health facility, a client-centered approach to health service provision in the community will be key to ensuring retention and viral suppression. For CLHIV and ALHIV, PEPFAR Zambia must leverage the OVC platform and FCI funding to improve case identification and retention. A case-management approach will strengthen bi-directional linkages between OVC partners and facilities through formalized agreements with defined roles and responsibilities to provide comprehensive support to pediatric clients and their caregivers.

Currently, the family-centered approach does not include family members beyond the mother and infant pairing. PEPFAR Zambia must scale up family-centered, focusing on the principles of integration: providing services on the same day, by the same healthcare provider, and in the same space, whether in the community or facility. For clinically stable pediatric clients, focus must be to strengthen the provision of MMD and align visits for caregivers and CLHIV and ALHIV.

PEPFAR Zambia must expand its index testing gains by increasing IP elicitation skills, expanding the index testing pool to include TX_CURR clients who have not yet been indexed and strengthening its focus on children of PLHIV. PITC coverage must remain an important strategy for identifying those presenting to high-yield entry points, such as inpatient units, TB, STI, and malnutrition clinics.

OVC

For CLHIV and ALHIV, including their families, OVC programs must link with clinical programs to provide wrap-around services to ensure patients are comprehensively supported to assure retention in care while maintaining viral suppression. The remaining 10% of clients deemed unstable, require more intensive and complex clinical management. For this, a GRZ-led clinical mentorship program with TA from USG IPs must be widely implemented to empower clinicians to deliver appropriate care so that patients can ultimately become stable and virally suppressed.

PEPFAR Zambia must continue to ensure that all PLHIV are screened for TB and at least 85% are provided with TB preventive therapy. Management of high-viral load, advanced HIV disease, drug resistance testing, co-infections and co-morbidities are areas that must require training. In addition, as the primary cause of death for PLHIV may no longer be HIV, but rather non-communicable diseases, integration of clinical and community HIV services into the primary care of all individuals is paramount. These must be supported together by robust and integrated laboratory infrastructure and health information system capable of tracking new infections, missed appointments, and viral load suppression.

VMMC

PEPFAR Zambia must continue to invest in and expand evidence-based prevention interventions including VMMC saturating the 15 – 29 year old age band.

DREAMS

Zambia is provided the opportunity to expand AGYW programming through DREAMS. 12 Districts have “Very High Incidence” (1.56% - 1.01%) but have no DREAMS or GF AGYW presence. These include: Sesheke, Limulunga, Mwandi, Kalabo, Nalolo, Senanga, Nkeyema, Sioma, Kaoma, Sikongo, Mulobezi, Luanshya, Kalulushi, Mufulira. The team has specific guidance below on programming new funds and must utilize DREAMS Ambassadors in the coordination of the expansion.

Cervical Cancer, PrEP and TB

Cervical Cancer - In order to raise demand at existing sites, incorporate perspectives of WLHIV into demand creation materials and offer same day, fast-tracked services for WLHIV. Consider including cervical cancer information through the Faith and Community Initiative (FCI) activities as well. Zambia must analyze and share results of upcoming pilots on Smart-Cerv and Hologic Panther and do costing of different strategies (HPV vs VIA, high vs low volume, mobile vs static). Lastly, share additional information on FSW outreach for possible PEPFAR solution document and lessons with other Go Further countries.

Above Site

Supply Chain - Expand the roll-out of electronic Supply Chain Management Information Systems (eSCMIS) to an additional 1500 health facilities.

Expand and accelerate the use of decentralized distribution models for ARVs, to enhance convenience for clients and improve patient retention and adherence to ART.

Accelerate the utilization by MSL of private sector capabilities to improve supply chain efficiency and performance.

Community Response

Zambia should continue to knowledge the role communities play and pledge to jointly support and strengthen their capacity.

COP/ROP 2020 Technical Priorities

Client and Family Centered Treatment Services

COP 2020 planning must specifically and thoroughly address the challenge of interrupted antiretroviral treatment and client loss, especially among young adults. Maintaining epidemic control, as measured by the proportion of PLHIV with viral suppression, must require long-term, continuous ART for a population that is often young and asymptomatic— and for whom HIV treatment is easily interrupted by drug side effects, inconvenience, lack of time, poor customer service, stigma and discrimination, or life circumstances. Maintaining long-term viral suppression necessitates planning and implementing services that are convenient and fit the lives of the clients and make it easy for patients on ART to continue treatment. PEPFAR requires development and full implementation of key client-centered policies and practices at the site-level, including optimized treatment (dolutegravir-based therapy) and multi-month dispensing,

convenient ARV pick-up arrangements, and community and client participation in design and evaluation of services. OU's must ensure 100% "known HIV status" for biological children of TX_CURR clients (15+), including chart review and retrospective elicitation of eligible biological children.

Community-led Monitoring

In COP 20, all PEPFAR programs are required to develop and support and fund a community-led monitoring activity through State Department Ambassador's small grants in close collaboration with independent, local civil society organizations and host country governments. Collaboration with community groups, civil society organizations and patients/beneficiaries can help PEPFAR programs and health institutions diagnose and pinpoint persistent problems, challenges, and barriers to effective service and client outcomes at the site level.

Pre-Exposure Prophylaxis (PrEP)

Groups to be prioritized for PrEP include those testing negative in index testing but remaining at increased risk of HIV acquisition by virtue of unprotected exposure to a PLHIV with unsuppressed viral load, key populations including sex workers, men who have sex with men, transgender persons, people who use drugs, adolescent girls and young women, including pregnant and breastfeeding women, in areas with high HIV incidence or with high risk partners, and other identified serodiscordant couples. (Groups must be tailored to country context).

TB Preventive Treatment (TPT)

TPT is considered routine HIV care, and all country programs must have offered TPT to all PLHIV on treatment by the end of COP20; targets have been set accordingly. Countries should budget for full coverage, and plan to use optimal regimens (3-HP) as supply allows.

DREAMS

DREAMS funding is allocated within your COP 2020 planning level and must be used exclusively for the goal of HIV Prevention among adolescent girls and young women (AGYW) in DREAMS SNUs in accordance with all DREAMS and COP 2020 Guidance. In addition to ensuring that all DREAMS beneficiaries complete the core package of relevant services, priorities for COP20 DREAMS implementation include: systematically identifying and engaging AGYW that are most vulnerable to HIV acquisition, improving the package of economic strengthening services offered to AGYW (including exploring potential job opportunities through PEPFAR), and accelerating PrEP uptake for AGYW.

Zambia Specific:

DREAMS is receiving an increase in new funding which should be used for the following:

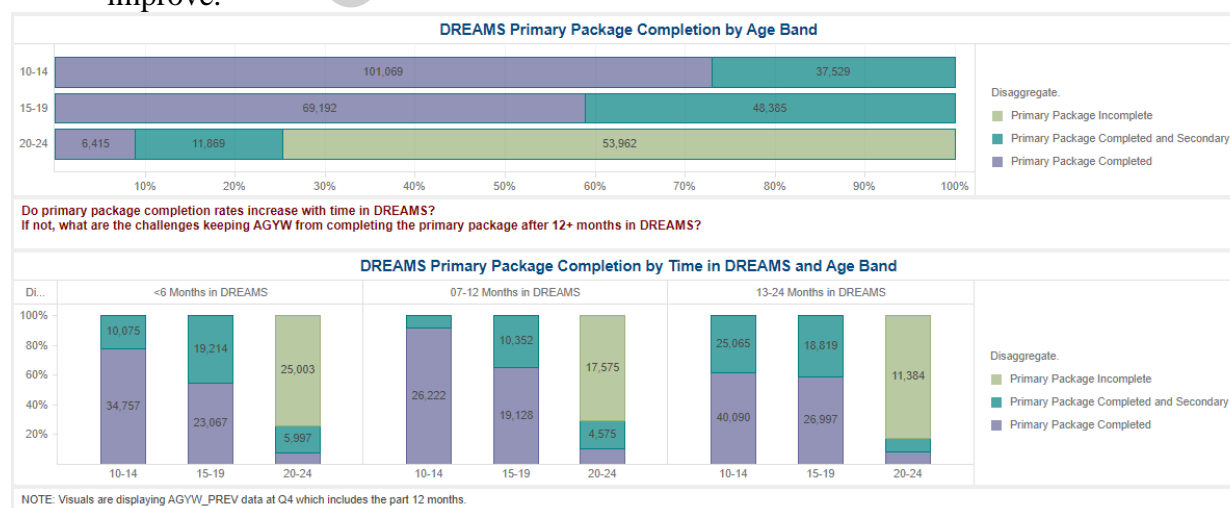
- **Interagency expansion into new districts:** The following 6 districts should receive new DREAMS funds for COP 2020. These districts have a very high incidence (1-1.3%) and over 8,000 PLHIV but have no DREAMS or Global Fund AGYW support.

Country	DREAMS SNU	UNAIDS F15-24 Incidence Estimate	UNAIDS Incidence Classification	PLHIV (COP19 DataPack)
Zambia	Mufulira District	1.02	Very high	20,838
Zambia	Luanshya District	1.10	Very high	19,596
Zambia	Kalulushi	1.07	Very high	12,629
Zambia	Sioma District	1.17	Very high	9,631
Zambia	Kaoma District	1.14	Very high	9,500
Zambia	Kalabo District	1.31	Very high	8,969

- Note: The geographic expansion mentioned here is limited to the NEW DREAMS funds. As mentioned above, any expansion within the existing DREAMS envelope is subject to the criteria laid out in COP20 guidance (i.e., must have reached saturation, must have shown progress via WAD modeling data, or some other data).
- **PrEP:** Significantly scale-up PrEP for AGYW in all DREAMS districts.
- Minimum Requirements for new funds: To receive additional funds, Zambia must present a strategy and a timeline at the COP meeting for the following:
 - Hire a dedicated DREAMS Coordinator (100% LOE)
 - Hire a DREAMS ambassador for each province to support DREAMS coordination and oversight
 - Implement approved, evidence-based curricula in line with the current DREAMS Guidance
 - Ensure a fully operable layering database with unique IDs across IPs and SNUs
 - Ensure a full geographic footprint in all districts--in large urban areas focus on areas with highest need.
 - Address challenges and ensure DREAMS implementation in all districts with fidelity

In addition, DREAMS Zambia should focus on the following:

- Layering: Zambia is excelling at reaching the two younger age bands but are struggling with 20-24 year olds. The primary package completion rate for 20-24 year olds should improve.



OVC

To support the Minimum Program Requirement described above, in COP 20 clinical sites and OVC implementing partners should jointly develop formal relationships, such as a memorandum of understanding (MOU), outlining the roles and responsibilities of each member of the multi-disciplinary care team and addressing key issues such as bi-directional referral protocols, case conferencing, shared confidentiality, and joint case identification. PEPFAR-supported treatment clinicians should play a key role in training OVC community case workers to build their knowledge in areas such as adherence, retention, and disclosure.

VMMC

Funds have been provided to conduct VMMC for males 15 years or older. The team is reminded of the revised guidance which allows surgical VMMC under the age of 15 only by the dorsal slit method and only for those who have attained Tanner stage 3 or higher of development and are able to provide full informed consent for the procedure. While Shang ring may be considered for those below age 15 regardless of Tanner stage, the same informed consent issues apply. All VMMC providers must adhere to the requirements for reporting of Notifiable Adverse Events.

Cervical Cancer Screening and Treatment:

Funding for cervical cancer screening and treatment of pre-invasive lesions. The target for screening must be equal to half of the TX_CURR for women age 25-49. All teams performing cervical cancer screening must adhere to the PEPFAR screening guidance. Basic treatment should be available for pre-cancerous lesions at the site of screening except under exceptional circumstances. All sites performing screening should establish clear referral mechanisms for patients needing treatment not available on site such as LEEP or evaluation for potential invasive cancer. Patient referral between sites should be facilitated and outcomes of the referral tracked to assure appropriate treatment and to allow reporting of results.

PLHIV Stigma Index 2.0

PEPFAR teams are required to either fund host country PLHIV network-led implementation of the revised Stigma Index 2.0 or complement Global Fund or other donors financing implementation of the Stigma Index 2.0, if it has not already been implemented in the OU. This revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma and can inform future HIV program planning. If the revised Stigma Index 2.0 has not been previously conducted in the OU, then PEPFAR teams must work with UNAIDS, Global Fund or other donors to ensure its implementation during COP 20, whether supported by PEPFAR or other resources.

COP/ROP 2020 Stakeholder Engagement (see section 2.5.3 of COP Guidance)

Sustained control of the HIV/AIDS epidemic necessitates that PEPFAR teams actively and routinely coordinate and communicate with all partners, including local, regional and international civil society and community stakeholders, multilateral partners and the host country government. With your leadership, PEPFAR is leading the way in facilitating transparent processes and in sharing data and results. Continued meaningful engagement with these groups throughout the development and implementation of COP/ROP 2020 remains a requirement for

all PEPFAR programs, and as such the COP/ROP 2020 process must engage with stakeholders early and frequently. This engagement specifically includes the sharing of FY 2019 Q4 and FY 2019 APR results and analyses and the convening of an in-country planning retreat with local stakeholders during the last two weeks of January 2020 in order to introduce and discuss all COP/ROP 2020 tools, guidance, results and targets as well as the proposed trajectory and strategy for COP/ROP 2020. It is critical that meaningful involvement of civil society and community input is solicited and incorporated in every step of the process. In alignment with sustained control of the epidemic, the intentional outreach and inclusion throughout this process of civil society and community organizations that directly work with key and priority populations should be a priority of the PEPFAR field team. The PEPFAR investments to support the national response must be planned intentionally with the Global Fund New Funding requests with teams demonstrating how complementarity was achieved to ensure maximal impact on the HIV/AIDS epidemic is achieved.

In February and March 2020, PEPFAR must convene in-person meetings in Johannesburg, South Africa, Bangkok, Thailand, and Atlanta, GA where outstanding decisions must be discussed and finalized. In addition to host-country representatives, the meetings must also include representatives from local and international civil society and community organizations and multilateral partners. Specific guidance for the 2020 meeting delegations have been provided elsewhere. Engagement with all stakeholders is required beyond the meetings and throughout the COP/ROP 2020 development and finalization process. As in COP/ROP 2019, the draft Strategic Direction Summary (SDS) and Data Pack are required to be shared with stakeholders for their input and comments at least 72 hours prior to submission of these materials to the Embassy Front Office. Please refer to the COP/ROP 2020 Guidance for a full list of requirements and engagement timelines.

APPENDIX 1: Detailed Budgetary Requirements

Table 11. ZAMBIA COP 2020 Total Budget including Applied Pipeline

	COP 2020 Planning Level									
	FY20			FY19			FY17			COP 20 Total
	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	GHP-State	GHP-USAID	GAP	
Total New Funding	\$ 325,183,601	\$ 25,000,000	\$ 2,412,531	\$ -	\$ -	\$ -	\$ 40,000,000	\$ -	\$ -	\$ 392,596,132
Core Program	\$ 278,183,601	\$ 25,000,000	\$ 2,412,531				\$ 40,000,000			\$ 345,596,132
COP19 Performance	\$ 27,000,000									\$ 27,000,000
HKID Requirement ++	\$ 20,000,000									\$ 20,000,000
										\$ -
										\$ -
										\$ -
										\$ -

++DREAMS countries with GHP-USAID funding can use FY20 GHP-USAID funding to meet their FY20 HKID Requirement. These countries include: Kenya; Nigeria; South Africa; Tanzania; Uganda; and Zambia

Care and Treatment: If there is no adjustment to the COP/ROP 2020 new funding level due to an adjustment in applied pipeline, countries must program to the full Care and Treatment amount from Part 1 of the planning level letter across all funding sources. Additionally, due to Congressional earmarks, some of the care and treatment requirement must be programmed from specific funding sources, as indicated above in Table 2. Your care and treatment requirement for the purposes of Congressional earmarks is calculated as the sum of total new FY 2020 funding programmed to the HTXS, HTXD, HVTB, HBHC, PDTX, PDCS, HLAB budget codes, 80% of the total funding programmed to the MTCT budget code, and 50% of the total funding programmed to the HVCT budget code.

Orphans and Vulnerable Children (OVC): Countries must program to the full OVC amount from Part 1 of the planning across all funding sources. Your OVC requirement is made up of the HKID Requirement (see details below) and 85% of the DREAMS non-HKID programmed funds for all new FY 2020 funds. Additionally, due to Congressional earmarks, some of the OVC requirement must be programmed from specific funding sources, as indicated above in Table 2. The COP 2020 planned level of new funds for the OVC earmark can be above this amount; however, it cannot fall below it.

HKID Requirement: OU's COP/ROP 2020 minimum requirement for the HKID budget code is reflected in Table 3 and is a subset of the OVC earmark. Your COP/ROP 2020 HKID requirement is derived based upon the approved COP/ROP 2019 HKID level inclusive of OVC and prevention intervention for children under 19 budget codes. The COP/ROP 2020 planned level of new funds for HKID can be above this amount; however, it cannot fall below it.

Gender Based Violence (GBV): OU's COP/ROP 2020 minimum requirement for the GBV earmark is reflected in Table 2. Your GBV earmark requirement is calculated as the total new FY 2020 funding programmed to the GBV cross-cutting code. Your COP/ROP 2020 earmark is derived by using the final COP/ROP 2019 GBV earmark allocation as a baseline. The COP/ROP 2020 planned level of new FY 2020 funds for GBV can be above this amount; however, it cannot fall below it.

Water: OU's COP/ROP 2020 minimum requirement for the water earmark is reflected in Table 2. Your water earmark requirement is calculated as the total new FY 2020 funding programmed

to the water cross-cutting code. Your COP/ROP 2020 earmark is derived by using the final COP/ROP 2019 water earmark allocation as a baseline. The COP/ROP 2020 planned level of new FY 2020 funds for water can be above this amount; however, it cannot fall below it.

Transitioning HIV Services to Local Partners: To sustain epidemic control, it is critical that the full range of HIV prevention and treatment services are owned and operated by local institutions, governments, and organizations – regardless of current ARV coverage levels. The intent of the transitioning to local partners is to increase the delivery of direct HIV services, along with non-direct services provided at the site, and establish sufficient capacity, capability, and durability of these local partners to ensure successful, long-term local partner engagement and impact. This action is a priority for all OUs, Regional Programs and Country Pairs. PEPFAR has set a 70% goal by agency by the end of FY20 and must meet 40% by FY19. Each country has to contribute to this goal based on the context of the local partner mix and types of public and private partners available to provide essential services. Therefore, each OU agency should work with their respective agency HQ in determining their contribution in meeting the agency level local partner requirement for FY20 as appropriate through their COP/ROP 2019 submission.

COP/ROP 2020 Applied Pipeline (See Section 9.1.2 Applied Pipeline of COP Guidance)

All agencies in Zambia should hold a 3 month pipeline at the end of COP/ROP 2020 implementation in order to ensure sufficient funds and prevent disruptions in service delivery in the event of funding delays. Any agency that anticipates ending COP/ROP 2019 implementation (end of FY 2020) with a pipeline in excess of 3 months is required to apply this excessive pipeline to COP/ROP 2020, decreasing the new funding amount to stay within the planning level.